

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013563

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 841

STATE FILE NUMBER

FILED MAR 19 1962

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Berkeley

Length of stay in 1b

48 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

4456 Joyce Place

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY

OR

TOWN Berkeley

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS 4456 Joyce Place

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

BERNARD

Middle

LAMPING

Last

4. DATE

Month

Day

Year

OF  
DEATH

March 10, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9/16/1882

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Advertising Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Newspaper

11. BIRTHPLACE (City and state or country)

Newport, Ky.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry Lamping

13b. MOTHER'S MAIDEN NAME

Mary Boylan

14. NAME OF HUSBAND OR WIFE

Lottie M. Blake

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Lottie M. Lamping 4456 Joyce Place

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Bladder

INTERVAL BETWEEN

ONSET AND DEATH

1 year

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2/24/58

to 3/10/62

and last saw him alive on

3/6/62

Death occurred at

10:30

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. T. Steele, M.D.

22b. ADDRESS

40 N. Flouissant

22c. DATE SIGNED

3/12/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

3/13/62

23c. NAME OF CEMETERY OR CREMATORY

Glenwood Cemetery

23d. LOCATION (City, town, or county)

Collinsville

(State)

Ill.

24. FUNERAL DIRECTOR

ADDRESS

Cullen Kelly 7267 Natural Bridge

25. DATE RECD. BY LOCAL REG.

3-12-62

26. REGISTRAR'S SIGNATURE

J. T. Steele

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

14010

24010

3

4 0

5 1

6

7 1

8 2

9 181.0

10

11

12 90-0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*James A. Lammers*

Licensed Embalmer No. 4142

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.